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INFANT WELFARE: METHODS OF ORGANIZATION AND ADMINISTRATION

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II

FRANCE

The study of protection of nurslings in France is full of interest and instruction. The decrease in birth-rate has brought the growth of population to a standstill. The industrial and military power of the nation is believed by many public men to be endangered. The incentive to colonization is weakened. Since the birth-rate is not subject to legal and administrative control, the next best measure seems to be to reduce the mortality of infants born and save as many as possible. Motives of humanity are added to patriotic calculation. The French medical faculty is famous for its charity as well as for its science and skill.¹

Some of the facts which have caused alarm were given by Dr. Budin.² He cites the statistics of Drs. Balestre and Gilletta of Nice: in the cities of France, of 1,000 persons who die, 167 are infants of 0 to 1 year. Jacques Bertillon finds 169 deaths of infants in 1,000 deaths in 1889 to 1893, and 161 in 1894 to 1898, the ratio being 1 to 6. The causes of mortality assigned by Drs. Balestre and Gilletta were:

385 died of gastro-enteritis or diarrhea.

145 died of pulmonary difficulties.

177 died of congenital weakness.

50 died of contagious diseases.

25 died of tuberculosis.

223 died of other causes, known or unknown.

¹ The writer has spent several months at Paris in 1905, 1909, and in 1911, giving considerable time to this study. It would be impossible to give a complete list here of all the kind and intelligent persons who have assisted him with information and advice. Dr. Pierre Budin, whose noble efforts for infants have been continued by Mme. Budin, gave me in 1905 every facility at the Hôpital Tarnier to observe his famous "Consultation de nourrissons." Senator Paul Strauss and his wife have on various occasions given directions and introductions. Others will be mentioned in connection with special subjects.

² *IV. Cong. Inter. Assist. Pub. e Priv.*, Vol. IV (1906), 9 ff.

In a report for 1910 a French committee declared that in France from 100,000 to 150,000 infants (0 to 1 year) die annually; at the end of a year, of 1,000 babies born only 840 survive; the rate of mortality being 20 to 30 per cent. Half these cases of death are avoidable. In a century, 17,000,000 infants of the first year died, of whom 9,000,000 might with proper care have lived.¹

DWELLINGS

The crowded home is known to be dangerous to infant life, and at Paris private associations and public authorities have long sought means of alleviating the situation. There are in Paris about 30,000 families having more than five children and about 75,000 having more than three children.² Of 8,669 families having each from 4 to 9 children, almost all occupy rooms which are overcrowded, and all pay less than 625 francs rent per year, all they can afford. The Council has under consideration vast schemes of building houses for such families to be rented at a price which they can pay.

LEGAL PROTECTION OF MOTHERS

French labor laws have certain provisions for the restriction of the hours of work for women and for securing rest and hygienic surroundings. Thus far there is no general system of obligatory maternity insurance. Some public offices which employ women grant them a vacation for the period of confinement and this is sure to be extended in the future. The women teachers who are under the Ministry of Public Instruction have the right to two months of vacation, while those in the post-office departments have only 35 days.³

Midwives (*sages femmes*).—The midwives are placed under the regulations of the law of November 30, 1892 (Titre III, Arts. 3 and 4). Every woman who proposes to aid women in confinement must have a certificate, and if she presumes to exercise her profession without it, she is liable to a fine of 100 to 500 francs and to imprisonment one to two months. The certificates are of two classes. The subjects of examination are the same for both, but

¹ *L'Assistance française*, rapport présenté au Congrès int. de Copenhague, 1910, pp. 50-76.

² *Revue de puériculture*, May, 1911, p. 69.

³ *Ibid.*, May, 1911, p. 68.

the tests are more severe for candidates of the first class. The midwives of the higher grade are recognized by the physicians and can exercise their calling anywhere in French territory. Those of the lower grade pass examinations before special juries and cannot practice outside of the department. The studies of preparation and qualifications are fixed by decree of government (July 25, 1893, and February 14, 1894). In all the medical schools each year are given lessons of instruction for midwives, generally without fees for tuition. In some hospitals also theoretical and practical instruction is given. The candidates must be 18 years of age, be able to read and write, furnish their family record, and give evidence of good character. There is a school for midwives at the Maternité at Paris which trains women for all parts of France. Here a fee is charged.¹

ASSISTANCE GIVEN TO MOTHERS AT HOME

Numerous agencies exist in Paris and in other French cities for the care of poor mothers at the hour of supreme need. This is an inheritance of mediaeval charity. Aside from the aid given by general public and private benevolence to indigent families in distress, there are numerous associations whose special function it is to assist mothers in their confinement. Only a few illustrations can be given.

The Société de charité maternelle was founded in 1784 by Madame de Fougeret. It is administered by a council composed of a lady president, 4 vice-presidents, and 15 members. There are 100 lady administrators, 5 for each arrondissement, whose duty it is to receive applications and supervise the distribution and use of the aid furnished. This society relieves poor married women at the time of confinement, without distinction of origin or religion, if they have resided at Paris five years. It gives in instalments Fr. 59 to those mothers who, besides the new-born, have 3 living children, and Fr. 89 to those who have a greater number or are in special need. In 1910 this society aided about 30,000 mothers and 32,000 children. It has had the patronage of such distinguished

¹ Ecole d'accouchement de la maternité. Règlement. Administration générale de l'assistance publique à Paris, *Journal Officiel*, February 15, 1894.

women as Queen Marie-Antoinette, the Empress Marie-Louise, Queen Marie-Amélie, and the Empress Eugénie.

The Association des mères de famille (of Paris) was founded in 1836. It has as many sections as there are arrondissements. It is governed by a committee composed of the presidents of 20 sections. Its object is to afford relief to indigent women recently confined who, having only 3 children, including the new-born, cannot have the help of the *Société de charité maternelle*; and it also aids mothers "ashamed to beg," whatever the number of their children. It provides cradles, layettes, bread tickets, meat, sugar, and fuel. Many of the women assisted are given sewing to do at home when they are kept from other employment. On principle, it limits its gifts to married women, but in exceptional cases helps unmarried mothers who wish to marry and escape from an irregular connection. The funds come from the annual dues of members, Fr. 5 a year.

INSTITUTIONS WHICH CARE FOR PREGNANT WOMEN

L'Assistance publique and certain hospitals have encouraged women to accept refuge, without making known their names and history, even before confinement. This method prevents many injuries to both mother and child. Public funds and institutions are supplemented by such private charities as: L'Asile Michelet, l'Asile ouvrier pour femmes enceintes, l'Asile Sainte-Madelaine, le Refuge ouvrier pour femmes enceintes.

L'Asile Michelet was founded in 1890 by the municipality of Paris on the proposition of Senator Paul Strauss. The attendants are laic. The institution receives gratuitously indigent pregnant women who cannot work for wages and who cannot be admitted into the public maternities. The beneficiary must be of French citizenship, with domicile at Paris one year, and about 7 months pregnant. They are not required to furnish life-histories. They are physically examined by midwives. Those having contagious diseases are excluded, and grave cases are sent to a hospital. The women received are employed at housework, sewing, and other light work if they are able, and are paid a little for their service. The layette for the infant is also made by the expectant mother. The confine-

ment occurs at a hospital. Those who already have children may place them in families on paying a certain sum, or in temporary asylums (hospice des enfants assistés, Asile Léo-Délibes, Asile de la rue de Gergovie). The cost per day at the asylum is about Fr. 2.80.¹

WOMEN IN CONFINEMENT

The law of July 15, 1903, which secured medical relief for women at confinement, opened to them larger hospital facilities. The Boucicaut fund, connected with the public relief system of Paris, assists only unmarried women at the birth of a first child. Private charity has provided maternity hospitals at Paris as: L'Œuvre des femmes en couche, founded in 1862 by Jewish benevolence. L'Union des mères de famille assists at home women of the middle class; the Hôpital de Rothschild, la Maternité Sainte-Félicité are also mentioned. Some of the bureaux de bienfaisance, as at Bordeaux, have a good administration of relief at home.

The Clinique d'accouchement Baudelocque was founded in 1889, and is connected with the Assistance publique. It has 103 beds, and 63 cradles. In 1909 it treated 3,964 women. The deaths were 76: 17 adults, 33 boys, 26 girls. There were 5,479 francs distributed in relief.

La Maternité was opened in 1797. It belongs to the public charity of Paris and its attendants are laic. It provides 497 beds. It receives gratuitously during the nine months of pregnancy indigent women having a settlement of one year in Paris, and, without proof of settlement or indigence, women about to be confined. A layette is furnished when they go away. This institution receives, exceptionally, some paying patients at Fr. 3 per day. When all the beds are occupied the pregnant women who have been accepted are placed with midwives at the expense of public charity. Women may be admitted, if they request it, without revealing the secret of their marriage relations. In 1909 the number of women admitted was 7,088, of whom 2,931 were placed with midwives. There were 2,702 births (2,288 without complications, 24 twins, 214 abortions). There were deaths: 66 women, 55 boys, 36 girls.²

¹ Information furnished by M. Fosseyeux, architect of the Assistance publique.

² *Compte moral et administratif de l'exercice 1909 de l'assistance publique*; notes of Office Central des Œuvres de bienfaisance.

The Clinique Tarnier is the institution where the celebrated Dr. Budin conducted his "Consultation de nourrissons." This hospital belongs to the city relief department. The number of women admitted in 1909 was 2,953, of whom 426 were placed with midwives. The number of births was 1,768: 763 boys, 749 girls, dead-born, 152, abortions, 131. Deaths: 44 women, 32 boys, 45 girls, total 131. Relief to the value of 3,132 francs was given.¹

WOMEN RECOVERING FROM CONFINEMENT

In order to make full recovery and give the infant a good chance of life, indigent women must have help, often an asylum for repose. In addition to the public relief in families there are numerous public and private establishments in Paris and in other cities. Thus the Asile national du Vésinet, a branch of municipal charity, was founded in 1859 by Napoleon III. Its administration is laic. It receives without pay during their convalescence, 20 days on the average, poor women sent to them from hospitals and bureaux de bienfaisance at Paris. Of 5,282 admitted in 1909, 466 were nursing mothers having with them 470 infants. Three hundred and fifty beds are provided. The edifice has some rooms with 2 to 11 beds and 2 dormitories with 20 to 24 beds, a dormitory of isolation with 10 beds, and an entire pavilion for nursing mothers. The medical treatment is given by a resident physician. The revenues are derived from public funds. A supplementary house with 40 beds shelters women for 10 days while they seek employment.²

The laic institution Pro Vita (Foundation Rozanès) has 40 beds. It cares for women 3 months before and 3 months after confinement, without distinction of nationality, creed, or class. It maintains children born in the establishment until they are 7 years of age. It maintains a daily consultation for mothers. The women must nurse their babes at least three months. The income is derived from dues of members, gifts, and lotteries and interest on funds.

The Asile ouvrier de Gérando was founded by the Baron de Gérando in 1839. It is managed by the Sisters of Maria-Joseph with a council of directors. It has 90 beds and receives temporarily

¹ *Compte moral et administratif*, etc.

² M. Fosseyeux, *L'Assistance publique*. See also article in *Rev. Philanthropique*, February 5, 1911, by Olga Veil Picard.

and gratuitously unmarried mothers of 15-24 years, who, coming out of a hospital, find themselves without resources. They are sheltered, returned to their families or provided with employment, and are watched over by the sisters and ladies.

The Refuge-ouvroir Paulin-Roland was opened in 1890 by the city relief department at a cost of Fr. 310,940. It has 157 beds. The women are given employment and the children are cared for. The daily cost for administration and food, and without including expenses of workshops, averages Fr. 1.37 per day per person.

The Asile Ledru-Rollin has 51 beds and 51 cradles. It was founded in 1892 by the city of Paris for women who have just come from the maternities with their infants. Relief is given as required. The average daily cost per day per person for maintenance and administration is Fr. 2.46.

Division A of the Société maternelle parisienne includes 3 sections: (1) an asylum where abandoned mothers are received with their children; (2) a "pouponnière" (Porchefontaine); (3) a school of housekeeping. During the year 1910 the asylum received 154 abandoned mothers, widows, divorced wives, and wives of soldiers. As military service is compulsory and no wages are paid, the wives of young soldiers often need assistance.

In division B there is a temporary infirmary and a consultation. In division C there is a school of "puericulture." The average attendance during 1910 was:

1. Asylum for nursing.....	58 (21,287 days)
2. Pouponnière.....	112 (41,027 days)
3. Infirmary.....	8 (2,941 days)
4. "Nids de Porchefontaine".....	34 (12,410 days)
Total.....	212 (77,665 days)

The general expense was Fr. 123,283.04; the average daily cost per beneficiary was Fr. 1.58. This sum was reduced by payments of parents (Fr. 37,995) to Fr. 85,288.04; the average net cost being Fr. 1.09. The society possesses a model dairy at Porchefontaine where the cows are subjected to the tuberculin test. The milk for the "Nids" is supplied from this dairy.

La Pouponnière at Porchefontaine, near Versailles, is a private home for poor mothers after confinement. It was created about

20 years ago by the Société maternelle parisienne under the leadership of Pasteur and Dr. Bergeron. The mothers are expected to nurse their own babes, and when, required, an additional infant, for which they are paid. Since 1901, 1,946 nurslings have been admitted (in 1910, 256). Ninety-four have died. The expenses in 1910 were Fr. 119,139, of which Fr. 38,450 were paid by parents. The average daily number of nurslings was 112; of women, 98. The daily cost to the institution per beneficiary was Fr. 1.20.

Asile maternel (of the Société philanthropique), Maison Georgina Roze, was founded in 1886 by the Baron Roze. In 1897 Mme. de Hirsch contributed Fr. 40,000. It is managed by a commission of 14 members, who are assisted by a committee of 11 ladies. The service is kept up by Sisters of the Immaculate Conception. The number of beds, each with a crib, is 40. There is an asylum for convalescence for indigent women, married or unmarried, too feeble to go out to work. They are maintained gratuitously, supplied with clothing when needed, and their infants are placed out to nurse when the mothers cannot give the breast, and employment is found when they are able to work.

Les "pouponnières."—Indigent mothers after their confinement are sheltered at first in asylums of convalescence, but this is supplied only 3 or 4 weeks. Then such mothers, being compelled to earn their living, must abandon their infants to public charity. Some attempt to live with the meager allowance of Fr. 5 to Fr. 20 of outdoor relief. In either case the life of the infant is in danger. To remedy this evil the "pouponnière" was created. Here a mother is received gratuitously on condition that she nurses her own baby and that of some other woman whose occupation makes it impossible; the latter paying to the institution Fr. 30 to Fr. 45 a month, if she is able. The mother who gives the breast is able to save something from the public relief given her and her monthly wages as nurse. Instruction is given in care and feeding of infants and places are found as children's nurses. The greatest care is taken to avoid contagion. Mothers and infants live in separate pavilions. The "poupons" are bathed each day, are weighed after each meal, and taken daily into the open air. A card record of weight

and condition is kept for each infant. The feeding is mixed, so that each woman can nurse two babies.

The Société de l'allaitement maternel et des refuges-ouvroirs pour les femmes enceintes was founded in 1876 by Mme. Béguet de Vienne. It is managed by a committee of 20 ladies and 20 gentlemen. Its purpose is to enable the mother, whether married or not, to nurse her own child. It supports refuges for pregnant women, dispensaries for their treatment, and subsidies for nursing. There are two refuges which sheltered 988 women in 1909 (14,617 since the foundation, with 45,625 children). The days of service in 1909 were 25,791. The daily cost per person is 96 centimes in the refuge of Avenue du Maine and 84 centimes in Rue Jean-Batiste Dumas. The women hear lectures on hygiene and "puericulture" and sometimes enjoy concerts. They are employed at light work, as sewing, and receive some pay. The dispensaries are connected with the refuges. That of Rue Jean-Batiste Dumas, in 1909, had 4,777 consultations. In these dispensaries all is furnished without payments—milk, clothing, dressings. Subsidies in money, food, and articles of necessity to the value of Fr. 88,699 were given to mothers in 1909. The funds come from gifts of private charity and public subsidies.

La Société protectrice de l'enfance was founded in 1865 by a number of physicians on the initiation of Dr. Alexandre Mayer. It is directed by a council, aided by a committee of patronesses. The object is to protect infants from their birth, to aid indigent mothers, without distinction of creed, to nurse their infants, and to teach the principles of hygiene, order, and cleanliness. Infants placed away from home at nurse are watched over by a regular service of inspection by physicians. Parents are kept informed about the condition of their children. This inspection has reduced the mortality of infants placed out to board or nurse. This society assisted in 1910, 1,376 families. The doctors and ladies give their services, so that almost all the income goes to relief. In France public funds are frequently used to subsidize useful private charities, and this society is an example. In 1910 it received from the Ministry of the Interior Fr. 7,700; from the Municipal Council Fr. 1,100; from the General Council Fr. 500; and gifts from other sources.

LEGAL PROTECTION OF INFANTS

The legal basis of the French national system of care for children is found in the law of June 27, 1904, "la Charte du service des enfants assistés," which was really a codification of various laws, decrees, and regulations.¹ The unification of law has been effected by such eminent leaders as Theophile Roussel and Senator Paul Strauss.

Saint Vincent-de-Paul was an inspirer and organizer of work for children. After 1670 the state adopted his *Enfants-Trouvés*, with the result that illegitimacy increased and the rate of mortality rose above 90 per cent. Good intentions and wrong methods make a fatal partnership. Before 1789 there was great neglect of infants, want of uniformity, and irregular procedure. In 1796 the Convention decided that mothers, at each stage of their pregnancy, had a right to care in public hospitals, and declared that the indigent child should be brought up at the expense of the nation as an "enfant de la Patrie." A decree of January 19, 1811, defined the classes of children whose education was confided to public charity, instituted the "tour," ordered the opening of a receiving hospice in each *arrondissement*, fixed the rules for the education of foundlings, of abandoned infants and poor orphans. The "tour" was a kind of cradle placed in the wall of the hospice so that the person who wished to abandon an infant could place it in this bed, give it a turn and so bring it inside the house without being recognized. During the Third Republic the views of an exaggerated sentimentalism were reformed and the methods were improved. It is claimed that from 1861 to 1887 no one could legally give up an infant without declaring its origin. This made it impossible to keep the birth secret; and the number of infanticides increased. It was this experience which induced French legislators to provide for this reception of infants without requiring the name of the mother. Today public relief helps: (1) "Enfants secourus," children of unmarried mothers, seeking to watch over and save both by keeping them together, (2) "enfants abandonnés," foundlings and abused children who are sheltered, being isolated for a time from fear of syphilitic infection. Infants under 7 months are

¹ Dr. Metton-Lepouze, in *L'Assistance française*, p. 84.

received at the temporary hospice (M. Deufert-Rocherau, Paris), without distinction of birth, legitimate or illegitimate. No questions are asked of the person who brings the child. When the child is more than 7 months old an inquiry is made. This system has the serious disadvantage that it attracts many unmarried mothers from the provinces to Paris, there to cast the burden of support on the city. But this burden is carried in order to prevent infanticide or abortion. At the hospice a record is made of the date of arrival, sex, age, and all that is known of its civil state, with the reasons for abandonment, if discovered. The number of the record is also placed on a medal which is hung on the child's neck, not to be removed until it is 7 years of age. The infant is then placed, according to its condition, in the crèche, nursery, or room of isolation. So far as possible a wet nurse is provided. The healthy infants are sent away within 24 hours to a center for "enfants assistés" and the sick are cared for in hospitals until well enough to send out.¹ The rate of mortality is about 50 per cent. Owing to lack of means wet nurses cannot be provided in sufficient numbers, and bottle-fed babies die during the first three months at the rate of 80 per cent, and the others 25, 40, and 60 per cent. (3) "Enfants protégés," under the "loi Roussel," of December 23, 1894. This law has lowered infant mortality. The "angel makers" are less numerous, if they have not disappeared. Both legitimate and illegitimate infants come under the shield of this law. Whenever a woman places her babe out at nurse she must report it to the *mairie* of her commune. The person who accepts an infant for care must have a license and register every child received. In some departments, as at Paris and Bordeaux, the nurses are visited by physicians. The "loi Roussel" created a medical inspection, with local commissions, departmental commissions, and a superior committee for the protection of infants. A bureau of placement for nurses has been organized. There is some criticism of neglect. The number of children under this supervision is 93,000; the expense of the service Fr. 2,000,000 annually.²

¹ A. d'Echerac, *L'Assistance publique*, Paris, 1909.

² *La statistique administrative du service, Ministère de l'Intérieur, Bureau des services de enfance*, Melun, 1910.

In order to make supervision and protection economical and effective, the children sent out to foster-parents are placed about centers of administration under directors. It is the duty of each director to find nurses, to select families where the infants can be boarded, and to watch over the interests of the ward. A physician visits each infant every ten days while it is less than three months old; every two months until it is two years old; once in three months until it is four years old; once in six months until it is six years old. The physicians are paid according to service, not by a fixed salary.

The parents can claim their children at any time; but in this case an investigation is made see to if they are fit persons to have charge of the child. So long as they refuse to care for the child the parents are not permitted to visit it or even know where it has been sent; and they can inquire about it only once in three months. To prevent abandonment the Assistance publique offers help for 18 months to widowers, widows, deserted wives, and unmarried mothers who are inclined to keep their infants. They are visited by women, agents of public relief, who watch over the care of the children.

The Department of the Seine has a very elaborate system of protection for the great capital city. In 1909 there were 19,629 declarations of children for placing for pay, of parents residing in the department. Of these 2,645, were placed within the department and 16,984 outside. There were 2,131 (11 per cent fed) at the breast; 17,498 (89 per cent) were fed on the bottle or otherwise artificially.¹

Like all things human, the inspection of nurses, while valuable, is by no means perfect, and the law itself seems to need modification in order to secure its purpose. One evil is that there are many clandestine nurses who evade the public control by the Préfecture de police.² There are two kinds of nurses: the "nourrices sur lieu," who go to the house of the infant, and the "nourrices à emporter," who take the infant to their own habitation.

¹ *Rapport annuel*, for 1909, *sur la protection des enfants du premier âge*, publié par le Préfecture de police.

² Rapport of Dr. Guerrier, medical inspector of the Préfecture de police; and "Nourrices inscrites à la Préfecture de police," *Rap. an. 1909*, pp. 84-85.

The system encounters serious difficulties. It is more and more difficult to secure wet nurses in the country. A good wet nurse is without disease, well nourished, and has a babe about the age of the foster child. Such nurses are hard to find because general comfort has increased, the custom of feeding on the bottle is gaining, rich families take up the good wet nurses, and there is an increasing fear of syphilitic contagion. Under such conditions the directors cannot select; they must take what they can get, usually inferior nurses; women who belong to the lowest class, ill fed, ill lodged, fatigued with hard labor. Usually they are women who already have several children and their milk is not good. It is difficult to be sure that the infant really gets its share of breast milk.¹

PREVENTIVE CARE OF INFANTS

"Gouttes de lait" and *"Consultations de nourrissons."*—Two movements were started at nearly the same time by Frenchmen, were treated as rivals by many, but have now come to be regarded as supplementary. *"Gouttes de lait"* is the fanciful name given to a method of preventing infant mortality by supplying pure milk. Credit is given to Dr. Dufour of Fécamp for introducing this method in 1892. Dr. Variot early started a similar work at Belleville, Paris. Since that it has been imitated in all civilized countries. Its purpose is to distribute good milk for infants who are partially or wholly deprived of natural food, to weigh them regularly, and to supervise their development. In its better forms the Goutte de lait encourages breast feeding as far as possible, and gives out milk only as constantly ordered by a physician for the individual case. In France the well-to-do are charged enough to produce a profit, the poor pay cost price, the indigent are furnished milk free. Only healthy children are received. Contagion is avoided by careful measures. Whether the milk should be sterilized, pasteurized, or raw is a question in controversy among doctors. At Paris supplementary agencies are active: as l'Œuvre philanthropique du lait, and l'Œuvre social du bon lait.

¹ Article by Dr. Favre, an inspector of public relief, in *Revue philanthropique*, April 15, 1911, pp. 649 ff. Dr. Favre favors artificial feeding as, on the whole, more safe than breast feeding under the conditions described.

*The Consultation de nourrissons.*¹—Obstetricians and pediatricists in France were leaders in the establishment of this agency. Dr. Hergott of Nancy and Dr. P. Budin of Paris are mentioned with honor; the latter, because he first systematized the work, may be regarded as its founder. The organization was simple: a comfortable hall, a register for the babies, cards for each life history, an apparatus to sterilize milk, a balance for weighing the babies, and the devotion of a competent physician. The institution has its critics, and, in incompetent hands, has sometimes failed. The mothers are not easily induced to come very long or regularly if they receive nothing but advice; and complaint is common that they will often heed some ignorant neighbor gossip rather than the physician. The most successful consultations are those which are managed in connection with some more general work, as a hospital, crèche, aid society, Goutte de lait.

*Fondation Pierre Budin.*²—This institution was established in 1907 by an association as a memorial of the great physician of women and children. It is at once a "consultation" and a school of puericulture. The association is composed of members who pay annual dues of Fr. 10 or make large gifts. It has a reserve fund. The income in 1909 was Fr. 31,134.90. From March 1, 1910, to March 1, 1911, there were 3,715 consultations. There were 10 deaths: 4 of tuberculosis, 2 of bronchial pneumonia, 1 of tumor, 3 of enteritis. Two hundred and thirty-nine different infants were brought more or less regularly to the consultations on Tuesdays and Saturdays; 147 (61.5 per cent) were breast fed; artificial feeding 23.8 per cent; mixed feeding 16.6 per cent. There are now two stations, and it is the purpose to have others. The principal building is a model of its kind.

*The day nurseries (crèches).*³—Paris is the original home of the crèche. The first was established by Firmin Marbeau, November 14, 1844. Marbeau organized the Société des crèches to unify, direct, and extend the movement and to give information to those who wished to establish day nurseries. The society is supported

¹See P. Budin, "The Nursling," *L'Assistance française*, pp. 61 ff.

²Rapport of Dr. Macé, 1911.

³*L'Assistance française*, p. 77, by Eugène Marbeau

by contributions and by subsidies from government. On January 7, 1909, there were 67 crèches in Paris, all private institutions, with about 450 in all France and Algiers. It has been estimated that there are about 300 in other countries. In 1907 the 111 crèches of the Department of the Seine had 3,947 cribs; cared for 10,017 children, 778,788 days; at a cost of Fr. 938,348.25, or an average of Fr. 1.20 per day per child. The day nurseries of France are regulated by a décret of May 3, 1897, and by a ministerial arrêté of December 20, 1897. No crèche can be opened without the authorization of the préfet, who fixes the number of wards according to the dimensions of the rooms. The dormitories and halls must be at least three meters high, and have at least three square meters, and nine cubic meters for each child. No one can pass the night in a room occupied during the day by a child. Each child must have its own crib, comb, and towel. The hygienic and medical service is under a physician. Cases of communicable disease are excluded. The attendants are women, who must be certified by the maire. There must be one attendant (gardienne) for six infants under 18 months and one for 12 children from 18 months to three years of age.

The social conditions in France have created the need for the crèche. Owing to poverty, low wages, and compulsory military service of men there are many mothers who must go out to earn support. Generally the air, light, food, and care are better in the crèche than at home. At night the family is together, the child being taken home. The patronesses are ladies who give time and service to the work; they bring their ideals of nice housekeeping, watch to see that immoral women do not keep respectable mothers from coming, prevent abuses of the charity, enforce the instructions of the physicians, encourage the mothers, and increase a sense of social solidarity.

It is sometimes asserted that the day nursery encourages artificial feeding; but the friends of the institution declare that this is not true, and that the mothers who come have already ceased to supply milk; that they desire to supplement the defects of the method by adding consultations, supply of pure milk, "mutualité maternelle," and care of the home when the mother is sick or at work.

If the mothers are not too poor they are asked to pay 10 to 30 centimes per day toward expenses; and they are urged, so far as possible, to go to the crèche twice a day to give the breast to the nurslings. The average amount paid per day by the mothers has been Fr. 0.13.¹ The subsidies paid by the city of Paris to Parisian crèches in 1908 were Fr. 159,450, and by the Department of the Seine to crèches in Paris and its suburbs Fr. 54,250.

In connection with maternity and other hospitals where mothers with babes are treated it has been found desirable to provide crèches. The infants sleep in a room separate from the mothers. Sometimes each one is in a "box," a small room with glass partitions reaching about six feet above the floor, to avoid infection. The rate of mortality is rather high in these nurseries, in spite of all precautions; probably because of the physical condition of the mother. Artificial feeding is frequently necessary. There are ten hospitals which have this arrangement: Pitié, Tenon, Charité, St. Antoine, Maternité, Necker, Lariboisière, Enfants Malades, Trousseau, and Herold.²

Hospitals for sick infants.—The consultations and crèches are for infants in normal conditions; France also makes generous though probably inadequate provision for sick infants. In the hospitals of public relief the admissions in case of urgency are granted without formality; in other cases after the morning consultation. Children with contagious diseases are assigned to special quarters. Among the institutions which are said to receive infants any time from birth are: Hôpital des enfants assistés: 850 beds, for infants sick and abandoned, or whose parents are sick or on trial in courts. The Hôpital des enfants malades has 734 beds, and consultations every day. The Hôpital Brebonneau has 261 beds, and daily consultation. The Hôpital Herold has 228 beds, a special quarter for the tuberculous cases, and daily consultation. The polyclinique Rothschild has 30 beds, and cares for both mother and child when necessary. The Hôpital Marie Lanneloque is a Catholic institution, with 20 beds. The Hôpital Trousseau has

¹ *Rapport annuel (1909) sur la protection des enfants du premier âge, publié par la Préfecture de police*, pp. 100 ff. Further details furnished by the Office Central des Œuvres de bienfaisance and by M. Fosseyeux of the Department of Public Assistance.

² *L'Assistance publique; Compte moral et administratif de l'exercice 1909.*

365 beds for non-contagious cases, and the Hôpital St. Louis, 145 beds for temporary treatment; both these two belong to the public relief department.

La fondation Emile Zola at Médan.—This institution, auxiliary to the public relief system, receives feeble infants sent from hospitals or consultations. In 1909, 69 infants were received, with 10 deaths (16 per cent). The nurslings are divided into several groups and placed at night in halls well lighted and ventilated. During the day they are taken by the nurses into the open air or, if the weather is cold, into a large and warm hall. They are weighed and bathed at regular intervals. Their food is chiefly fresh milk drawn from three cows, tuberculin tested, and belonging to the model dairy of the establishment. The feeding and care of these cows are carefully controlled. The diet of the infants is varied according to the direction of the doctor.

Supply of pure milk.—Paris is not generally furnished with milk which is beyond reproach from a hygienic point of view. The French cities, like others, continue to drink impure milk and attempt to do some patch-work by favoring a limited number of persons with a special quality, pending the time when pure milk can be enjoyed by all consumers. Several philanthropical agencies endeavor to bring safe milk within the reach of the poor. Thus, for example, the Œuvre sociale du bon lait seeks to supply to working people, and especially to women who are compelled to feed their infants artificially, a good milk at a low price. Indigent families can procure this milk without pay. By means of consultations and subsidies poor women are helped to discharge their duties of motherhood. The association maintains a large number of stations in Paris and in suburbs where raw and sterilized milk may be bought. Medical men inspect the milk and give counsel to pregnant women and mothers. A committee of lady patronesses co-operate with the physicians. The funds are supplied by membership fees of Fr. 10 per year, by “fêtes de charité,” etc.

The law of 1905, which regulates frauds in foods, covers the inspection of dairies, transportation and sale of milk. The state maintains 38 laboratories for the analysis of samples offered for sale. But fraud is hard to detect, and no exact standard has yet

been adopted. The inspection, however, is a partial protection and will be gradually improved.¹

Apparatus for sterilizing milk.—Inquiry at hospitals, consultations, and salesrooms revealed a considerable number of forms of apparatus. It is difficult to say which is most used or most favored by physicians; perhaps that which has the name of Budin is most widely accepted. As a matter of fact they are all much alike in essentials. They all are made to heat the milk, which is in a sealed flask, to a temperature above the boiling-point and to maintain this temperature about 15 minutes. Some stations sell sterilized milk in small bottles, but the price is higher than for fresh milk.² To avoid expense, and even the danger of sterilized milk being exposed after purchase, many doctors simply recommend to mothers to boil the milk just before feeding it.

Instruction in the duties of motherhood.—It is quite fully recognized in French cities that medical science is helpless without the intelligent co-operation of mothers.

The Société maternelle parisienne has established an institute of puericulture. In 1910 there were 28 pupils from outside and 3 within. The instruction is followed by normal students, girls from the lycées and from society. Dr. Raimondi gives lessons in theory and the directress, Mme. Froment, in practice. Without some such training the program of studies of puericulture prepared by the *Conseil supérieur de l'instruction publique* must remain a dead letter from lack of competent teachers. Some lectures are given in the refuges of the *l'Œuvre de l'allaitement maternel*. Monthly lectures are given during certain times of the year at the "École de puericulture" (in 1911, February–June).

Some years ago Doctor Deboire submitted to the "Conseil supérieur de l'instruction publique" the program of instruction just mentioned in puericulture for all the primary schools of France and it was adopted, but it has not often been carried out because the women teachers were not prepared to give lessons in the hygiene

¹ From information supplied by the veterinary service of the Préfecture de la Seine.

² The prices of the Budin apparatus for 6 bottles was Fr. 6.75; for 9 bottles, Fr. 8. The Soxhlet type costs for 5 bottles, Fr. 6.30; for 8 bottles, Fr. 9.90; for 10 bottles Fr. 11.70. The Gentile apparatus costs for 5 bottles Fr. 10; for 10 bottles, Fr. 18.

of infancy. Therefore, on motion of Doctor Pinard, the Académie de médecine, on February 14, 1911, expressed the conviction that "institutes of puericulture" ought to be established in all French towns which had an École normale d'institutrices.¹ At Versailles already the students of the normal school have been authorized to attend brief courses at the Pouponnière at Porchefontaine.

Girls from the Collège de jeunes filles at Abbeville attend the consultations, help weigh the infants, hear the mothers tell of their difficulties, and listen to the advice of the physicians.

According to a report in 1910 of Dr. R. Marrois, inspector of public relief, courses in puericulture are given in Yonne in connection with the consultations. At Auxerre the students of the normal school, students of nursing, and some of the older girls of the public schools attend those demonstrations.

La Croix Blanche Vie Heureuse is the gay and yet serious title given to a society founded by distinguished personages for promoting the study of puericulture in France. (Office: 79, Boulevard St. Germain, Paris.)

Lectures have been given at the Fondation Pierre Budin since 1909 on the care of infancy and related topics.

ORGANIZATION AND PROPAGANDISM

La Ligue contre la mortalité infantile, of which Senator Paul Strauss is president, seeks to combine, co-ordinate, and stimulate all the works of France for infants. It is a voluntary association but represents both public and private agencies.

There is a French committee which co-operates with the Union internationale pour la protection de l'enfance.

Dr. Rousseau-Saint-Philippe claims that while great progress has been made and excellent results obtained in France, many places are neglected, there is still much duplication of effort, friction, interference, and waste, from lack of unity. He urges the establishment of a Children's Bureau (Office de l'enfance) in a ministry of the republic to secure and publish information and promote co-

¹ At the last international Congress of School Hygiene at Paris, on the proposition of Dr. Pinard, a resolution was passed that in schools for girls the care of infants should form an integral part of obligatory instruction in all the primary schools, and examinations should be passed in these subjects.

operation of public and private agencies (*L'Assistance française*, pp. 75-76).

The eugenic problems of France would require and they deserve a separate and extended investigation. Without more careful social selection there may be reason to doubt whether the conservation of the lives of so many illegitimate children will add to the real energy and ability of the French people.